

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/521331

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2		/		/		
3		/		/		
4		/		/		
5		/		/		
6		/		/		
7	/		 			
8	/					
9	/		/			
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44	/					
45		/	 			
46		/				
47	/		 			
48	/					
49	/		 			
50	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51	/		/			
52	/		 			
53		/				
54		/	 			
55	/					
56	/		 			
57	/					
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98	/					
99	/		 			
100	/					
TOTAL IND.		↓		↓		↓
TOTAL DEP.	←		←		←	
TOTAL CLAIMS						

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APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
101						
102						
103	1					
104	1					
105	1					
106	1					
107	1					
108	1					
109	1					
110	1					
111	1					
112	1					
113	1					
114	1					
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131	1					
132	1					
133	1					
134	1					
135	1					
136	1					
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138	1					
139	1					
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150						
TOTAL IND.	107	↓	44	↓		↓
TOTAL DEP.	32	←	15	←		←
TOTAL CLAIMS	139		59			

	AS FILED		AFTER 1 st AMENDMENT		AFTER 2 nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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197						
198						
199						
200						
TOTAL IND.		↓		↓		↓
TOTAL DEP.		←		←		←
TOTAL CLAIMS						